



# WORKERS COMPENSATION FUND

## VENDOR'S BANK INFORMATION

**A**

**I**

### PERSONAL DETAILS & BANK INFORMATION

*(To be filled by the Vendor)*

Name of the Payee: .....

TIN/ID No.: .....

Postal Address: .....

Phone No.: .....

Email Address: .....

**II**

### BANK INFORMATION

Name of the Bank: .....

Account Number: .....

Account Name: .....

Branch: .....

I certify that the information above is correct

Name: .....

Designation: .....

Signature and Payee's Rubber Stamp: .....Date .....

**B**

### BANK VERIFICATION

*(To be filled by the Bank)*

I..... have checked and verify that  
the following information      Correct:  Not Correct:

Account Name:  Account Number:  Branch:

Signature of Certifying Officer: .....

Title: .....

Date: ..... Official Stamp: .....